MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13013

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Parsonsburg. — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD # 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg.
STREET ADDRESS (If rural, give location) RD # 2

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Handy (Last) Avery

4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 1952

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): Married — 8. DATE OF BIRTH: Dec 15 1874 — 9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer tenant — 10b. KIND OF BUSINESS OR INDUSTRY: Farming — 11. BIRTHPLACE (State or foreign country): Pinelick Md. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bert Avery — 14. MOTHER'S MAIDEN NAME: Ellen Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No. (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: Mrs. Mary E. Avery (Wife) RD # 2 Parsonsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

420.0
Immediate cause (a) Pneumonia — 6 months
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c) Arteriosclerosis and atony — Unknown.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — 10 years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 19 52, to Nov 15, 19 52, that I last saw the deceased alive on Nov 14, 19 52, and that death occurred at 5:30 a. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Walter R. Lemon M.D. Selbyville, Del. 11/20/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Nov. 22-52 — NAME OF CEMETERY OR CREMATORY Bethel Cem. — LOCATION (City, town, or county) Pittsville Md. (State)

DATE REC'D BY LOCAL REG. 11/24/52 — REGISTRAR'S SIGNATURE Mary Holloway — 24. FUNERAL DIRECTOR — ADDRESS
Hollaway & Sons Salisbury Md.
Walter R. Hollaway Jr.

RECEIVED
NOV 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

13014

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1-A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (In this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Delaware Ave. Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Delaware Ave., Ext.

3. NAME OF DECEASED (Type or Print): (First) Otha (Middle) (Last) Bailey
4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1952
5. SEX Male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH Oct. 1900 | 9. AGE last birthday 52 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Craddockville Va. | 12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Otis Bailey | 14. MOTHER'S MAIDEN NAME Elsie Finney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT Mariah Bailey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — some years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (natural causes).
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Chas. T. Fisher M.D. | 300 N. Division St. Salisbury, Md. | 12/1/52

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF 12-2-52 | NAME OF CEMETERY OR CREMATORY Greenbriers Cemetery | LOCATION (City, town, or county) Salisbury, Md (State)
DATE REC'D BY LOCAL REG. 12-2-52 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR Parker Mowbray | ADDRESS

RECEIVED
DEC 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13015

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (In this place) 11hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 312 E. Vine St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Edwin	Lee	Baker	Nov.	27	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 21-1891	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Contractor	Contractor	Pittsville Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Parent Taylor Baker	Annie D. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No.		Mrs Myra M. Baker (Wife) 312 E. Vine St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Artery Thrombosis	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary Atherosclerosis	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

David L. Bloom M.D. Salisbury Md. Nov. 27 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 30-52	Wicomico Mem. Park	Salisbury	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-29-52	Mary W. Holloway	Hollins & Calloway Walter R. Calloway	Md

RECEIVED
DEC 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

13015

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-416A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
STREET ADDRESS (If rural give location) R.D.# I

3. NAME OF DECEASED (Type or Print): (First) Wilford (Middle) Mitchell (Last) Baker
4. DATE OF DEATH: (Month) Nov. (Day) 29. (Year) 1952. 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Oct. 15. 1925
9. AGE last birthday: 27 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sailor
10b. KIND OF BUSINESS OR INDUSTRY: US Navy.
11. BIRTHPLACE (State or foreign country): Pittsville, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest J. Baker
14. MOTHER'S MAIDEN NAME: Rada Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of service) U.S. Navy At present.
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Ernest J. Baker (Father)

18. MEDICAL CERTIFICATION: R.D.# I. Pittsville, Maryland.

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushed Chest
8231 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull - left Humerus left Femur, mandible — Instant death
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway | (CITY OR TOWN) Salisbury | (COUNTY) Wicomico | (STATE) Md.
TIME OF INJURY: (Month) 11 (Day) 29 (Year) 52 (Hour) 12 23 a.m. p. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Failed to negotiate curve

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] (Degree or title) MD | ADDRESS 224 No Div Salisbury Md | DATE SIGNED 11/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 2. 1952. | NAME OF CEMETERY OR CREMATORY: Pittsville Cemetery. | LOCATION (City, town, or county) (State): Pittsville, Maryland.

DATE REC'D BY LOCAL REG. 12-1-52 | REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Holloway & Company. Salisbury, Maryland. | ADDRESS
Walter R. Holloway

RECEIVED
DEC 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13017

CERTIFICATE OF DEATH

Reg. Dist. No. 332

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MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural, give location) 305 E. Street

3. NAME OF DECEASED: (First) JOSEPH (Middle) W (Last) Bradley
4. DATE OF DEATH: (Month) November (Day) 15 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	single	Feb 28 1872	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer Truck Farmer		Shaston Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Tuspie R. Bradley	Sallie Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No.	None	Hattie McCabe - Delmar, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
332 Immediate cause	(a) Cerebral Thrombosis	Unknown
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized Arteriosclerosis	"
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:45 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
William R. Ellis Jr. MD	Salisbury, Md.	11-15-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-18-52	Jerusalem	Shaston, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-17-52	Mary W. Holloway	W. E. Bond & Son	Delmar Del

RECEIVED
NOV 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pivalue — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pivalue
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Lyin (Last) Bradley
4. DATE OF DEATH: (Month) Nov. (Day) 4 (Year) 19[illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	July 3, 1896	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Salisbury, Md.	U.S.A.

13. FATHER'S NAME: David Joseph Malone
14. MOTHER'S MAIDEN NAME: Josephine Disheroon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Mr. Oscar B. Bradley husband)

18. MEDICAL CERTIFICATION — Pivalue, Md.

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: Sudden death

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: arteriosclerosis — 3 yrs

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: None
PLACE OF INJURY: Home, farm, factory, street, office bldg. etc. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22 I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence of my visit and Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and that the injury or received from natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE: Fallademaker — (Degree or title) MD — ADDRESS 224 N Div Salisbury Md — DATE SIGNED 11/5/32

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF 11-6-32 — NAME OF CEMETERY OR CREMATORY: Parsons — LOCATION (City, town, or county) Salisbury, Md. (State)

DATE REC'D BY LOCAL REG. 11-6-32 — REGISTRAR'S SIGNATURE: Mary M. Twilley
24. FUNERAL DIRECTOR: Wallace & Holland — ADDRESS Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 413 S. Park Drive

3. NAME OF DECEASED (Type or Print): (First) George — (Middle) Elton — (Last) Brown
4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Write the word): Married
8. DATE OF BIRTH: June 17 1900
9. AGE Last Birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman Cutting Dept.
10b. KIND OF BUSINESS OR INDUSTRY: Leather Garments Co.
11. BIRTHPLACE (State or foreign country): U.S.A.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George W. Brown
14. MOTHER'S MAIDEN NAME: Margaret Oglesby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Mildred L. Brown Wife 413 S. Park Drive Salisbury Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Degeneration of spinal cord. — Interval between Onset and Death: 4 hrs.

Antecedent cause(s) Disease or condition, if any, giving rise to the above cause stating the underlying cause last
(b) Broken neck — 4 hrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: 11-15-52
19b. MAJOR FINDINGS OF OPERATION: Fracture of neck Transected spinal cord
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway
(CITY OR TOWN): Odessa — (COUNTY): Sussex — (STATE): Del
TIME OF INJURY (Month) (Day) (Year) (Hour): 11 15 52 12 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Head on collision

22 *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: J.A. Rademaker — (Degree or title): M.D. — ADDRESS: 224 No Div Salisbury Md — DATE SIGNED: 11/15/52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: Nov. 18-52 — NAME OF CEMETERY OR CREMATORY: Parsons Cem. — LOCATION (City, town, or county): Salisbury — (State): Md

DATE RECD BY LOCAL REG.: 11-17-52 — REGISTRAR'S SIGNATURE: Mary H Holloway

24. FUNERAL DIRECTOR: H.E. Long Co. Salisbury — ADDRESS: Md
Walter H. Holloway

VS A15A

NOV 19
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15-4

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deers Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural, give location) 106 Walnut Street ✓

3. NAME OF DECEASED (Type or Print): (First) Nova (Middle) C. (Last) Christmore
4. DATE OF DEATH: (Month) Nov. (Day) 4th (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Oct. 9 1878	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Powell
14. MOTHER'S MAIDEN NAME: Lizzie Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cancer metastases of brain	sev. months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cancer of face	2 years
	(c) Arteriosclerosis general	8 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cachexia — 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7. 2, 1952, to Nov. 4, 1952, that I last saw the deceased alive on Nov. 4, 1952, and that death occurred at 6[15] A.m, from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr. V Fuerman M.D. ADDRESS: Deers Head State Hospital, Salisbury DATE SIGNED: 11/4/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	11-6-52	Baptist Cemetery	Pocomoke Md

DATE REC'D BY LOCAL REG. 11-5-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR ADDRESS: Henry D. Watson, Pocomoke, Md.

13021-74

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians' please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Alexander (Middle) Blair (Last) Ducker

4. DATE OF DEATH: (Month, Day) November 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unk

8. DATE OF BIRTH: April 21, 1866

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): York Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Ducker

14. MOTHER'S MAIDEN NAME: Mary Jane Zeller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Irene Lantz - Manchester, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
023X Immediate cause	(a)	Carcinoma of Prostate	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Cardiovascular Syphilis	?
1 1 X	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-7, 1952 to 11-9, 1952, that I last saw the deceased alive on 11-9, 1952, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE: McBride MD — DEGREE OR TITLE — ADDRESS: 504 N Division St — DATE SIGNED: 11-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE FILED: 11-11-52 — NAME OF CEMETERY OR CREMATORY: Manchester — LOCATION (City, town, or county): Manchester (State): Md.

DATE REC'D BY LOCAL REG.: Nov. 10, 1952 — REGISTRAR'S SIGNATURE: Mary Hallowa

24. FUNERAL DIRECTOR: Wm J Heath — ADDRESS: Upperville, Md

Clifford A. Hafer

EXHIBIT No. ____ DATE ____

NOV 17-1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH.
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Accomac
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Franklin City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Doughty

4. DATE OF DEATH: (Month) November (Day) 14 (Year) 1952

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 26 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Doughty

14. MOTHER'S MAIDEN NAME: Florence Davis

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service:

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Maurice Doughty

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Thrombosis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... to ....., that I last saw the deceased alive on Nov. 14, 1952, and that death occurred at 8:05 p.m., from the causes and on the date stated above

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

William R. Ellis, Jr. M.D. Salisbury, Md. 11-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Nov 16 1952

NAME OF CEMETERY OR CREMATORY: Porterville

LOCATION (City, town, or county) (State): Porterville, Md

DATE REC'D BY LOCAL REG 11-15-52

REGISTRAR'S SIGNATURE: Mary W Holloway

24. FUNERAL DIRECTOR: Mrs N.A. Shields

ADDRESS: New Church

RECEIVED
NOV 18 1952
BUREAU V. S.

Please make correction on the above certificate mailed on
11-16-52
Mary M. Holloway

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1 PLACE OF DEATH
COUNTY Wicomico — CITY If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury — MARYLAND — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) Tyler Ave

3 NAME OF DECEASED (Type or Print): (First) (Middle) (Last) Elliott

4. DATE OF DEATH: (Month) November (Day) 3 (Year) 1952

5 SEX: M

6 COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH. 11/2/52

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours 9 Min. 35

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired).

10b. KIND OF BUSINESS OR INDUSTRY:

11 BIRTHPLACE (State or foreign country): Salisbury, Md.

12 CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME: William Richard Elliott

14. MOTHER'S MAIDEN NAME: Christine Marie Campbell.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS. Christine Elliott

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

7625 Immediate cause (a) Atelectasis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Prematurity

DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/2/ ,1952, to 11-3 , 1952, that I last saw the deceased alive on 11/3 , 1952, and that death occurred at 1.50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): William C Morgan — ADDRESS: Salisbury Md — DATE SIGNED: 11/3/52

23 BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 11-5-52 — NAME OF CEMETERY OR CREMATORY: Peninsula General Hospital — LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE: 11-3-52 Maryelle Holloway

24 FUNERAL DIRECTOR: none — ADDRESS

VS. A15

X 214362

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH.
   COUNTY Wicomico — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury, Md. — LENGTH OF STAY (in this place) Since 10/2/52
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine Bluff State Hospital Salisbury, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
   STATE Maryland — COUNTY Wicomico
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury, Maryland
   STREET ADDRESS (If rural give location) 517 Howard Street

3. NAME OF DECEASED: (Type or Print) (First) Sallie (Middle) Liza (Last) Ellis

4. DATE OF DEATH: (Month) Nov. (Day) 11 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: June 28 1881

9. AGE last birthday: 71 yrs. — If UNDER 1 YEAR: Months Days — If UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Laurel, Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Lecates

14. MOTHER'S MAIDEN NAME: Ella Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Deceased on admission to Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset And Death: 5 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/2, 1952 to 11/11/52, 1952, that I last saw the deceased alive on 11/11/52, 1952, and that death occurred at 1:25 p.m., from the causes and on the date stated above

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Supt. Salisbury, Md. 11/11/52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Nov. 14-52 — NAME OF CEMETERY OR CREMATORY Parsons Cem. — LOCATION (City, town, or county) Salisbury Md (State)

DATE REC'D BY LOCAL REGISTRAR 11-13-52 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR Holloway & Walston — ADDRESS Salisbury Md

Walter R. Holloway

NOV 17 1952

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians' please write the causes of death clearly and leg.bly

1. PLACE OF DEATH — COUNTY: Wicomico — STATE: Md MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (In this place): 2 — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Nutters Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury Md — STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) William (Middle) — (Last) Folk

4. DATE OF DEATH: (Month) 1 (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1875

9. AGE Last birthday: 77 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY?: —

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Madeline Nutter

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular disease	4 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) Year, (Hour) m: None — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?: —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐ or Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: J.H. Radcliffe (Degree or title): M.D. — ADDRESS: Salisbury Md — DATE SIGNED: 11-4-52

23. BURIAL, CREMATION REMOVAL (Specify): removal. — DATE THEREOF: 11-5-52 — NAME OF CEMETERY OR CREMATORY: Anatomical Board — LOCATION (City, town, or county): Baltimore. — (State): Md

DATE REC'D BY LOCAL REG.: 11-5-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Baker Funeral Home — ADDRESS: —

VS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15—8-51

1. PLACE OF DEATH:

COUNTY Somerset — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Crisfield — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Tri-County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Somerset

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Upper Fairmount

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) FLORENCE (Middle) V (Last) FORD

4. DATE OF DEATH: (Month) NOVEMBER (Day) 29 Year 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1889

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR OR UNDER 24 HRS. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Somerset Co.

12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME: Robert H. Dorsey

14. MOTHER'S MAIDEN NAME: Mary Revelle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Fred D. Ford, Jr.

18 MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

54.1

Immediate cause (a) Perforated peptic ulcer — INTERVAL BETWEEN ONSET AND DEATH 2 wks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Generalized Peritonitis — 12 hrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-13-52

19b. MAJOR FINDINGS OF OPERATION: Perforated peptic ulcer

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12, 1952 to 11-28, 1952, that I last saw the deceased alive on 11-28, 1952, and that death occurred at 12 m., from the causes and on the date stated above

SIGNATURE A. Brile MD (DEGREE OR TITLE) ADDRESS 504 N Division St DATE SIGNED 12-1-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Dec 2, 1952

NAME OF CEMETERY OR CREMATORY Hall Cemetery

LOCATION City, town, or county) Upper Fairmount (State) Md

DATE REC'D BY LOCAL REG. 12-1-52

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Harry B. Miles

ADDRESS Upper Fairmount Md

DEC 3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1 PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Delaware — COUNTY Sussex
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Millsboro
STREET ADDRESS (If rural give location) Main Street

3 NAME OF DECEASED: (Type or Print) (First) IVA (Middle) E. (Last) GODWIN

4. DATE OF DEATH (Month) November (Day) 6 (Year) 1952

5 SEX: Female

6 COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRied

8. DATE OF BIRTH: Aug. 17-1890

9. AGE last birthday IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS Hours Min: — 62 yrs.

10a USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home life

10b KIND OF BUSINESS OR INDUSTRY: at Home

11 BIRTHPLACE (State or foreign country): Easton Md.

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Parris

14. MOTHER'S MAIDEN NAME: Letitia Pree

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No — (If Yes give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS. Mr. Norman Godwin (Husband) Main St. Millsboro Del.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

447X

Immediate cause (a) DUE TO: Hypertensive Vascular Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Unknown

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? Yes ☐ No ☑

21 ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home farm factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1, 1952, to 11-5, 1952, that I last saw the deceased alive on 11-5, 1952, and that death occurred at 3:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wilbur R. Ellis, Jr. M.D. ADDRESS: Salisbury, Md. DATE SIGNED: 11-6-52

23 BURIAL, (CREMATION, REMOVAL) (Specify): Burial — DATE THEREOF: Nov. 8-1952 — NAME OF CEMETERY OR CREMATORY: Mechanic Cem. — (LOCATION (City, town, or county)) Millsboro Del. (State)

DATE REC'D BY LOCAL REGISTRAR: 11-7-52 — REGISTRAR'S SIGNATURE: Maryell Holloway

24. FUNERAL DIRECTOR: Ronald H. James — ADDRESS: Millsboro, Delaware

VS. A12

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) Lee (Last) Greiner.

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 3-1-1878

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Hyde

14. MOTHER'S MAIDEN NAME: Emma Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Raemd. Dees Head Hoyt. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary Infarct — Interval between onset and death: 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Pneumonia, Lobar. — 14 days ?

DUE TO (c) Arteriosclerosis, Generalized.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-29, 1952 to 11-5, 1952, that I last saw the deceased alive on 11-5, 1952, and that death occurred at 7:15 m., from the causes and on the date stated above.

SIGNATURE R Rose (DEGREE OR TITLE) MD ADDRESS Peninsula State Hosp. DATE SIGNED 11-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF Nov. 8-52 NAME OF CEMETERY OR CREMATORY Cedarville Cem. LOCATION (City, town, or county) Cedarville (State) Md.

DATE REC'D BY LOCAL REG. 11-5-52 REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR Ralphie Butler ADDRESS Upper Marlboro Maryland.

VS. 415 8-51

NOV

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Hebron U.S. 50 | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Route 50.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury.
STREET ADDRESS (If rural give location) R.D.#2.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Harrison (Last) Haddock
4. DATE OF DEATH: Month Nov. Day 24. Year 1952. 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 7. 1883.
9. AGE last birthday: 69 yrs. | If under 1 year: Months | If under 24 hrs.: Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Tenant Farmer
11. BIRTHPLACE (State or foreign country): R.D.Pittsville, Maryland.
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Nevia Haddock
14. MOTHER'S MAIDEN NAME: Elizabeth Foskey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Emma Haddock(Wife)

18. MEDICAL CERTIFICATION — R.D.# 2. Salisbury, Maryland.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fractured skull
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Crushed chest
(c) Coronal fracture left temporal

INTERVAL BETWEEN ONSET AND DEATH: Suddenly death

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE (VIOLENCE) WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway (CITY OR TOWN) Hebron (COUNTY) Wicomico (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 11 24 52 5p m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? alone car out highway stopping

22. I certify that I took charge of the remains described above, held an Autopsy ☐, inspected on ~~[illegible]~~ and from the evidence obtained by said Autopsy, Inspection or Inquiry find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE: [signature] — Degree or title: — ADDRESS: Salisbury Md — DATE SIGNED: 11/25/52

23. BURIAL, CREMATION, REMOVAL: Burial | DATE THEREOF: Nov. 27.1952. | NAME OF CEMETERY OR CREMATORY: Line Church Cemetery. | LOCATION (City, town, or county) (State): Near Whitesville, Delaware

DATE REC'D BY LOCAL REG.: 11-26-52 — REGISTRAR'S SIGNATURE: Mary M. Holloway
24. FUNERAL DIRECTOR: Holloway & Company, Salisbury, Maryland. — ADDRESS
Walter R. Holloway

VS A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ■ARGIN RESERVED FO■ ■INDING
type is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fruitland
LENGTH OF STAY in this place: 38 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland (Wicomico)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural give location) Main St.

3 NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) EDWARD (Last) HAYMAN

4 DATE OF DEATH: (Month) 11 (Day) 15 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 17, 1882
9. AGE last birthday: 70 yrs
IF UNDER 1 YEAR OR UNDER 24 HRS: Months Days Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life (Never "retired"): Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Grocer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josephus Hayman
14. MOTHER'S MAIDEN NAME: Amanda Bussels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr Augustus Hayman Fruitland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 420.1

Immediate cause (a) DUE TO: Coronary Thrombosis — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

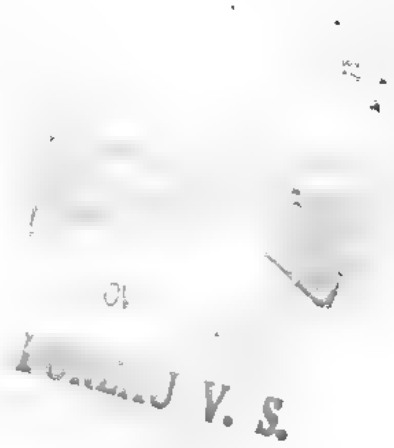
19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, to 11-15-52, 19, that I last saw the deceased alive on 11-15-52, 19, and that death occurred at 8 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title): Lee L. Lavery M.D.
ADDRESS: Fruitland, Md.
DATE SIGNED: 11-17-52

23 BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/18/52
NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
LOCATION (City, town or county) (State): Fruitland, Maryland
DATE REC'D BY LOCAL REGISTRAR: 11-20-52
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: The Hill & Johnson Co.
ADDRESS: Salisbury
George C Hill II

VS/A13 T



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH.
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland, COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural give location) 254 Church Street

3. NAME OF DECEASED. (Type or Print) (First) (Middle) (Last) Hayward

4. DATE OF DEATH (Month) (Day) (Year) November 7th 1952

5. SEX. Female

6. COLOR OR RACE. colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: November 7 - 1952

9. AGE last birthday: Yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours 10, Min 10

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Myrtle Lee Hayward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT'S ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity

DUE TO (b)

Antecedent causes (c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 7, 1952 to Nov. 7, 1952, that I last saw the deceased alive on Nov. 7, 1952, and that death occurred at 12:45 pm from the causes and on the date stated above

SIGNATURE: Morris A. Lambdin (Degree or title) M.D. ADDRESS: Salisbury Md DATE SIGNED: 11-8-52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 11-9-52 NAME OF CEMETERY OR CREMATORY Peninsula General Hospital LOCATION (City, town, or county) (State) Salisbury, Md.

DATE REC'D BY LOCAL REGISTRAR 11-8-52 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Peninsula General Hospital ADDRESS Salisbury, Md.

VS A15

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NOV 12 1952
BUREAU V. S.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY McComick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millard
LENGTH OF STAY (In this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Canal street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY McComick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millard
STREET ADDRESS (If rural, give location) Canal Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Jane (Last) Hudson

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 23- 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Wid

8. DATE OF BIRTH: July 21-1874-

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Wife at Home

11. BIRTHPLACE (State or foreign country) Locust C. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wesley Beauchamp.

14. MOTHER'S MAIDEN NAME: No. Record

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, No or unk.) (If Yes give war or dates of service) No.

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Richard Hudson (son) Canal St. Millard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral hemorrhage

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension Arteriosclerosis

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 48 hours

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Aug. ....., 19 52, to 11-23-52, 19 ....., that I last saw the deceased alive on 11-25-52, 19 ....., and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Frank Lewis M D Lineboro Maryland 11 24 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec 1-52

NAME OF CEMETERY OR CREMATORY: Pleasant Union

LOCATION (City, town, or county): Taneytown

(State): Md.

DATE REC'D BY LOCAL REG.: 11-29-52

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Walter R. Fuss & Son

ADDRESS: Taneytown Md.

DEC

Item 18 Film Glad 11-20-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 _____

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1 PLACE OF DEATH: Md.
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED: Md. — Wicomico
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Route #5
STREET ADDRESS (If rural give location)

3 NAME OF DECEASED (Type or Print): (First) Frederick (Middle) (Last) Jackson

4. DATE OF DEATH: (Month) November (Day) 6 (Year) 1952

5. SEX: Male | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify): M. | 8. DATE OF BIRTH: 1893. | 9. AGE last birthday: 59 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS: Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Sawyer | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Quantico, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Jackson | 14. MOTHER'S MAIDEN NAME: Mary Church

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Jones Jackson, RD-2 Salisbury, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Generalized Peritonitis — Interval Between Onset And Death: 22 Days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Uremia — " "

(c) Underlyn; cause could not be determined; no carcinoma or ulcer of stomach

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: 10/18/1952 | 19b. MAJOR FINDINGS OF OPERATION: Peritonitis | 20. AUTOPSY? Yes ✓ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg. etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-18, 1952 to 11-6, 1952, that I last saw the deceased alive on 11/6, 1952, and that death occurred at 1.25 pm, from the causes and on the date stated above

SIGNATURE (Degree or title): John M. Bloxom III — ADDRESS: 802 N. Division, Salisbury, Md. — DATE SIGNED: 11/7/1952

23. BURIAL, CREMATION, REMOVAL? (Specify): Burial | DATE THEREOF: 11-9-52 | NAME OF CEMETERY OR CREMATORY: Quantico Cem. | LOCATION (City, town, or county) (State): Quantico, Md.

DATE REC'D BY LOCAL REGISTRAR: 11-8-52 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24 FUNERAL DIRECTOR: Brooke W. Lucas, Salisbury-Md. | ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

NOV 12 1952
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ( )

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland (COUNTY Somerset)
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural give location)

3 NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) Williams (Last) Jarvis

4. DATE OF DEATH (Month Day) (Year) November 7 - 1952

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-23-1925
9. AGE last birthday: Years: 26 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: House Wife
11. BIRTHPLACE (State or foreign country): Princess Anne, Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Williams
14. MOTHER'S MAIDEN NAME: Hattie Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-26-3807
17. INFORMANT & ADDRESS: Hattie Williams, Princess Anne, Md.

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

I. (a) Immediate cause — DUE TO: Metastatic Sarcoma Groin
(b) Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO: Lt. Leg -
(c)

Interval Between Onset And Death

II OTHER SIGNIFICANT CONDITIONS
Condit ons contributing to the death but not re ated to the disease or condition causing death: None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/31/1952, to 11/7, 1952, that I last saw the deceased alive on 11/7, 1952, and that death occurred at 225 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Charles Winfred McCleaf Jr. M.D. - Resident Surgery — University Hosp. Baltimore Md — 11-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-11-52
NAME OF CEMETERY OR CREMATORY: John Wesley
LOCATION (City, town or county) (State): Princess Anne, Md.

DATE REC'D BY LOCAL REGISTRAR: 11-10-52
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: William H. Jones Jr.
ADDRESS: Princess Anne, Md.

VS. A15

RECEIVED
NOV 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY in this place: 6 Days — HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — STREET ADDRESS (If rural give location) 720 S Park Dr

3. NAME OF DECEASED: (Type or Print) First Charles — Middle Henry — (Last) Jones

4. DATE OF DEATH: (Month) November (Day) 8 (Year) 1952

5. SEX: male — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single — 8. DATE OF BIRTH: April 11, 1872 — 9. AGE last birthday: OVER 1 YEAR 80 yrs. — UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer ret, — 10b. KIND OF BUSINESS OR INDUSTRY: Own Farm — 11. BIRTHPLACE (State or foreign country) Delaware — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Jones — 14. MOTHER'S MAIDEN NAME: Eliza Fleetwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) NO — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO: None — 17. INFORMANT & ADDRESS: 720 S. Park Dr Chas. Saunders Salisbury, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

26 X

Immediate cause (a) DUE TO Diabetes mellitus

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Bronchopneumonia

(c)

Interval Between Onset And Death: years 1 wk

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: arteriosclerosis generalized

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 19 52, to 11/8, 19 52, that I last saw the deceased alive on 11/8, 19 52, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry Malloy M. D. — ADDRESS Salisbury Md. — DATE SIGNED 11/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov 11, 1952 — NAME OF CEMETERY OR CREMATORY Asbury Meth. Cemetery — LOCATION (City, town, or county) (State) Georgetown, Delaware

DATE REC'D BY LOCAL REGISTRAR 11-10-52 — REGISTRAR'S SIGNATURE Mary W. Holloway — FUNERAL DIRECTOR M. L. Watson Jr. — ADDRESS Seaford, Delaware

VS A13

RECEIVED
NOV 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY If outside corporate limits, write RURAL and give nearest town OR TOWN Salisbury
LENGTH OF STAY in this place 6yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 Monticello Ave.

2 USUAL RESIDENCE (HOME OF DECEASED)
STATE Maryland. COUNTY Wico.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 114 Monticello Ave.

3. NAME OF DECEASED (Type or Print): (First) VICTOR (Middle) (Last) KAHN

4. DATE OF DEATH: (Month) 11 (Day) 2 (Year) 1952

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) —

8. DATE OF BIRTH: Feb. 17, 1886

9. AGE last birthday. IF UNDER 1 YEAR (Months, Days) IF UNDER 24 HRS (Hours, Min): 66 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Manufactor

10b. KIND OF BUSINESS OR INDUSTRY: Shirts

11 BIRTHPLACE (State or foreign country): France

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No. 044-16-1888

17. INFORMANT & ADDRESS: Mrs. Victor Kahn - Salisbury

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic Pneumonia — Interval Between Onset And Death: 4 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Multiple Myeloma — 4 yrs

DUE TO

(c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, to Nov. 2, 1952, that I last saw the deceased alive on Nov. 2, 1952, and that death occurred at 5 AM, from the causes and on the date stated above

SIGNATURE (Degree or title): William L. Gray M.D. — ADDRESS: Salisbury, Md. — DATE SIGNED: 11/9/52

23 BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/4/52 — NAME OF CEMETERY OR CREMATORY: Wico. Mem. Park — LOCATION (City, town, or county): Salisbury — (State): Md.

DATE REC'D BY LOCAL REGISTRAR: 11-3-52 — REGISTRAR'S SIGNATURE: Mary M. Holloway

24 FUNERAL DIRECTOR: H. Hill Johnson Co — ADDRESS: Lunge C. Hill E

VS. 157

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1 PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home Route #5

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Route #5

3 NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Carol	Elaine	Long	11	30	1952

5 SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9 AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min
Female	A. A.	Baby	6-11-1952	yrs.	5	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Baby	Baby	Peninsula General Hospital	

13 FATHER'S NAME: Thomas Long
14. MOTHER'S MAIDEN NAME: Christine Covington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17 INFORMANT AND ADDRESS
No		None	Mrs. Christine Long, Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute fulminating tracheobronchitis and broncho-pneumonia — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21 EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE J. A. Bodenmaier (Degree or title) M.D. ADDRESS 224 N. Division St., Salisbury, Md. DATE SIGNED 12/2/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-2-52	Pocomoke Cemetery	Pocomoke Worchester Co. Md.

DATE REC'D BY LOCAL REG 12-2-52 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR ADDRESS Stuart Funeral Home Earl M. Hardy.

6 1 1 5

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No 332

1 PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND WICOMICO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SALISBURY
STREET ADDRESS (If rural give location) CAMDEN AVE EXT

3 NAME OF DECEASED (Type or Print): (First) CORNELIA (Middle) (Last) LYON

4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 1952

5. SEX: Female
6 COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct 13, 1875
9 AGE last birthday: IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min: 77 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEKEEPER
10b KIND OF BUSINESS OR INDUSTRY: OWN HOME
11 BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Lyon
14. MOTHER'S MAIDEN NAME: Hannah Anne Bosher
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY No: None
17. INFORMANT & ADDRESS: Mrs Cornelia Wailes, Wash D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
5810
Immediate cause (a) DUE TO: Gastro-Intestinal Hemorrhage
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Chronic Interstitial Hepatitis
(c)
Interval Between Onset And Death: 60 hrs.

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm factory street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, to 11/28, 1952, that I last saw the deceased alive on 11/28, 1952, and that death occurred at 6:35 pm, from the causes and on the date stated above
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Fred P. Graves M.D. Salisbury, Md 11/29/52

23 BURIAL (CREMATION) REMOVAL (Specify) DATE THEREOF 12/1/52 NAME OF CEMETERY OR CREMATORY Hollywood Cemetery LOCATION (City, town or county) Richmond (State) Va
DATE RECD BY LOCAL REGISTRAR 11-30-52 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR ADDRESS The Hill & Johnsons Co Salisbury
George C Hill.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling of names is especially important. Physicians, please write the causes of death clearly and legibly

VS. A15

1 PLACE OF DEATH: COUNTY Wicomico — CITY If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury — MARYLAND LENGTH OF STAY in this place: 18 hrs 10 mins — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Hill — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ronnie (Middle) (Last) Maddox

4. DATE OF DEATH: (Month) November (Day) 2 (Year) 19 52

5. SEX: Female — 6. COLOR OR RACE: Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): — 8. DATE OF BIRTH: Feb 15-1889 — 9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR OR UNDER 24 HRS: Months Days Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Private Home — 10b. KIND OF BUSINESS OR INDUSTRY: domestic — 11. BIRTHPLACE (State or foreign country): Ronack Va — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: On known — 14. MOTHER'S MAIDEN NAME: On known

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: — 17. INFORMANT & ADDRESS: George B Maddox Upper Hill Md

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Cerebral hemorrhage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) DUE TO: Cerebral arteriosclerosis

(c)

Interval Between Onset And Death: 24 hrs / unknown

20 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

20a. DATE OF OPERATION — 20b MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED Where at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ,19 , to Nov 2 , 19 52 that I last saw the deceased alive on 11-1 , 19 52, and that death occurred at 7:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Wilbur R. Elles M.D. — Salisbury, Md — 11-2-52

23 BURIAL, CREMATION, REMOVAL Specify — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town or county) (State)

Burial — nov 6-1952 — Upper Hill — Upper Hill Somerset Md

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24 FUNERAL DIRECTOR — ADDRESS

11-3-52 — Mary W. Holloway — Charles H. Wood — Marion Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore Schler

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — STATE Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg Md
STREET ADDRESS (If rural, give location) Parsonsburg Md.

3. NAME OF DECEASED (Type or Print): (First) Arlie (Middle) E. (Last) Mitchell
4. DATE OF DEATH: (Month) Nov. (Day) 29. (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1885
9. AGE last birthday: 67 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer.
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Parsonsburg
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Ebenezer Mitchell
14. MOTHER'S MAIDEN NAME: Julia Gurnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-16-5985.
17. INFORMANT AND ADDRESS: Margaret E. Mitchell.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) cerebral hemorrhage left with hemiplegia right
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis generalized
(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension essential with arteriosclerotic heart disease

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 23, 1952, to Nov 29, 1952; that I last saw the deceased alive on Nov. 24, 1952, and that death occurred at 2:54 m, from the causes and on the date stated above.

SIGNATURE (Degree or title) W. D. Soaler, M.D. — ADDRESS 303 East Street, Delmar Md. — DATE SIGNED 12-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12-1-52 — NAME OF CEMETERY OR CREMATORY Bivalve Mem Cem — LOCATION (City, town, or county) Parsonsburg — (State) Md

DATE REC'D BY LOCAL REG. 12-1-52 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR Brooks M. West — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/MD

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula Gen Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural, give location): Bay Road ✓

3. NAME OF DECEASED (Type or Print): First: ELWOOD — (Middle): F. — (Last): PERDUE
4. DATE OF DEATH: (Month) Nov. (Day) 9, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 7 1887
9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Poultry
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John B. Perdue
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 222-05-0281
17. INFORMANT AND ADDRESS: Arthur E. Perdue, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Suicide by firearm (Rifle) — 6 hours +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) ..... (c) .....

976X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Suicide was preceded by a fight with his wife

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Farm — (CITY OR TOWN): Berlin — (COUNTY): Worcester — (STATE): Md

TIME OF INJURY (Month) Nov (Day) 9 (Year) 1952 — Hour: 3 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Rifle discharged under mid-chin [illegible] thumb [illegible] determined

22. I certify that I took charge of the remains described above, held an Autopsy, Inquest on the body of the deceased, and from the evidence obtained by said Autopsy, Inquest, find that said deceased died on the day stated above and do hereby certify thereon and from the evidence from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

SIGNATURE: [illegible] M.D. — (Degree or title) — ADDRESS: Pocomoke City Md — DATE SIGNED: 11-11-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-11-53 — NAME OF CEMETERY OR CREMATORY: Baptist Cemetery — LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR: 11-13-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Henry H. Watson, Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibl...

VS. A...

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 337

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN Salisbury — LENGTH OF STAY (in this place) 7 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Frank	Hutchs	Pierce Jr.	November	16	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write word)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male	White	Married	Jan 19 1890	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Salesman	Paper Mill Baltimore	Washington D.C.	U.S.A.

13. FATHER'S NAME: Frank Hutchs Pierce Sr.

14. MOTHER'S MAIDEN NAME: Marie Heron Roark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk. If yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS
yes WW I	?	Mrs Frank H Pierce Sr Princess Anne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
10.1 Immediate cause	(a)	Perforated Marginal Ulcer	8 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Peptic ulcer	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Nov 9 52	Perforated Marginal Ulcer	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (If in or about home, farm, factory, street, office bldg., etc.) — CITY OR TOWN — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 8, 1952 to Nov 16, 1952, that I last saw the deceased alive on Nov 16 1952, and that death occurred at 7 p.m., from the causes and on the date stated above

SIGNATURE (DEGREE OR TITLE) Gabriele MD — ADDRESS 504 N Division St — DATE SIGNED 11-16-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-18-1952	Mandon Presbyterian	Princess Anne Md

DATE REC'D BY LOCAL REG 11-18-52 — REGISTRAR'S SIGNATURE Mayde Hearway

24. FUNERAL DIRECTOR Leon R. Watson — ADDRESS Princess Anne, Md

VS. AD 5 8-51

NOV 21 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (8-51)

1. PLACE OF DEATH.

COUNTY: Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury

LENGTH OF STAY (in this place): 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Worcester

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke

STREET ADDRESS (If rural, give location):

V

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
		Powell	Nov	27	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male	White		Nov 26 1952	yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Louise Virginia McDaniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Louise Powell

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

162.1

Immediate cause (a) Atelectasis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO

(c) Prematurity

INTERVAL BETWEEN ONSET AND DEATH

(a) 11-26-52 to 11-27-52 — 27 hrs.

(b) 11-26-52 to 11-27-52 — 27 hrs.

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-26, 19 52, to 11-27, 19 52, that I last saw the deceased alive on 11-27, 19 52, and that death occurred at 1 P.M. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
William C. Morgan	M.D.	Salisbury Md	11/28/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	11-24-52	Peninsula General Hospital	Salisbury, Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-28-52	Mary W. Holloway	Peninsula General Hospital	Salisbury, Md.

X 2 10 + 36 2

DEC 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) HENRY (Last) PURNELL

4. DATE OF DEATH: Month November Day 16 Year 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) Married

8. DATE OF BIRTH: Oct 26, 1885

9. AGE last birthday: 67 yrs
IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James P. Henry

14. MOTHER'S MAIDEN NAME: Mary Bell Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S ADDRESS: L. Franklin Russell Berlin Md. R.F.D.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease — Interval between onset and death: Unknown

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE — Specify — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to ....., 19..., that I last saw the deceased alive on Nov 16, 1952, and that death occurred at 11:55 a.m., from the causes and on the date stated above

SIGNATURE W. Ellen Sr. Ellis Jr. (DEGREE OR TITLE) M.D. ADDRESS Salisbury, Md. DATE SIGNED 11-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-18-52 — NAME OF CEMETERY OR CREMATORY: Whaley Family — LOCATION (City, town, or county) (State): Whaleyville, Md.

DATE REC'D BY LOCAL REG. 11-18-52 — REGISTRAR'S SIGNATURE: Mary W. McCready — 24. FUNERAL DIRECTOR: Peter Whaley — ADDRESS: Whaleyville, Del.

VS. A13 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Please write the address of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY in this place
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location) Route #3

3 NAME OF DECEASED (Type or Print): (First) HENNIE (Middle) (Last) PURNELL

4 DATE OF DEATH: (Month) December (Day) 3 (Year) 1952

5 SEX: Female

6 COLOR OR RACE: Colored

7 SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8 DATE OF BIRTH: 10-7-1884

9 AGE Last birthday: 68 yrs. IF UNDER 1 YEAR: Months 0 Days 26 IF UNDER 24 HRS.: Hours Min.

10a USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b KIND OF BUSINESS OR INDUSTRY: at home

11 BIRTHPLACE (State or foreign country): Berlin, Worcester Co. Md.

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: Handy Gray

14 MOTHER'S MAIDEN NAME: Lucy Franklin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16 SOCIAL SECURITY No.: None

17 INFORMANT & ADDRESS: Lee Purnell, Berlin, Md, Route #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Uremia — Interval between Onset and Death: 1 month

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chronic Glomerulonephritis — 1 yr.

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Gastrointestinal Hemorrhage — 12 days

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No

21 ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-21, 1952, to 11-3, 1952, that I last saw the deceased alive on 10/3, 1952, and that death occurred at 8:35 p.m. from the causes and on the date stated above.

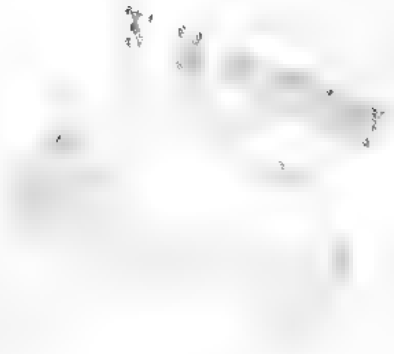
SIGNATURE (Degree or title) David T. Greene, M.D. ADDRESS Salisbury, Md. DATE SIGNED Dec. 3, 1952

23 BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11-7-52 — NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery — LOCATION (City, town or county) (State): Berlin, Worcester Co. Md

DATE REC'D BY LOCAL REGISTRAR: 11-6-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR, ADDRESS: STEWART FUNERAL HOME 324 E. Church St.
Mary A. Stewart, Salisbury, Maryland

VS. T



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12144

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH.
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN SALISBURY
LENGTH OF STAY (In this place) 5 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING Hill Rd.

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE MD — COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN SALISBURY
STREET ADDRESS (If rural, give location) SPRING Hill Rd

3 NAME OF DECEASED: (Type or Print) (First) RUTH (Middle) BEACH (Last) RIDER

4. DATE OF DEATH (Month) NOV (Day) 9 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH. OCT 26 1892

9. AGE last birthday: IF UNDER 1 YEAR OR UNDER 24 HRS. Months Days Hours Min
60 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country) MD

12 CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME SAMUEL K. BEACH

14. MOTHER'S MAIDEN NAME: SALLIE M. COOPER

15 WAS DECEASED EVER IN U. S ARMED FORCES? (Yes, no, or unk.) NO

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No. NONE

17. INFORMANT & ADDRESS HERBERT RIDER

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

1&2

Immediate cause (a) Cancer of Lung & Pleura

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Weakness of Great Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21 ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 to , 19 , that I last saw the deceased alive on 11/9, 1952, and that death occurred at 11/9/52, from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D.

ADDRESS

DATE SIGNED 11-10-52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 11-11-52

NAME OF CEMETERY OR CREMATORY FIREMENS

LOCATION (City, town or county) SHARPTOWN (State) MD

DATE REC'D BY LOCAL REGISTRAR 11-12-52

REGISTRAR'S SIGNATURE Maryell McGorray

24. FUNERAL DIRECTOR Paul J. Smith

ADDRESS Sharptown, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 11 yr. 11 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Floyd (Middle) (Last) Sadler

4. DATE OF DEATH: (Month) (Day) (Year) 11-6-52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Feb. 14-1881

9. AGE last birthday: IF UNDER 1 YEAR Months Days Hours Min; IF UNDER 24 HRS Hours Min
71 yrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Payne Sadler

14. MOTHER'S MAIDEN NAME: Susan (No Record)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No. If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT'S NAME & ADDRESS: Mrs. Earl Riggs (Daughter) Hospital or Institution, City or Town, State

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

331X Immediate cause (a) Cerebral hemorrhage — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis general and cerebral ? — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 30 Min

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Residual hemiplegia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15, 1952, to 11-6, 1952, that I last saw the deceased alive on 11-4-52, 1952, and that death occurred at 5.40 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED 11/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Nov. 8-52 — NAME OF CEMETERY OR CREMATORY M.P. Cem. — LOCATION (City, town, or county) Delmar Del. (State)

DATE REC'D BY LOCAL REG. 11-7-52 — REGISTRAR'S SIGNATURE Macy M. Holloway

24. FUNERAL DIRECTOR — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Nanticoke
LENGTH OF STAY (in this place): 4 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pennsylvania — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia
STREET ADDRESS (If rural, give location): 6229 Jefferson St.

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) L (Last) SAUNDERS

4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 21, 1889

9. AGE last birthday: 63 yrs. If under 1 year: Months 7 Days 9 If under 24 hrs: Hours — Min —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe merchant

10b. KIND OF BUSINESS OR INDUSTRY: Drug Store

11. BIRTHPLACE (State or foreign country): Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel L. Saunders

14. MOTHER'S MAIDEN NAME: Christine Doyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Richard H. Saunders - Nanticoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a). Myocardial Insufficiency — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b). Coronary Arteriosclerosis — —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 19[illegible] to [illegible] 19[illegible], that I last saw the deceased alive on [illegible] 1952 and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 3, 1952 — NAME OF CEMETERY OR CREMATORY: West Laurel Hill Cemetery — LOCATION (City, town, or county): Philadelphia — (State): Pa.

DATE REC'D BY LOCAL REG.: 11-30-52 — REGISTRAR'S SIGNATURE: Maryell Holloway

24. FUNERAL DIRECTOR: C. D. Messick — ADDRESS: Nanticoke, Md.

DEC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH
COUNTY Wicomico
CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
MARYLAND LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) RFD #4

3. NAME OF DECEASED (Type or Print) First Jennie (Middle) Frances (Last) Smith
4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1952
5. SEX. Female
6. COLOR OR RACE. White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow
8. DATE OF BIRTH. May 10-1879
9. AGE last birthday: IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min. — 73 yrs.
10a. USUAL OCCUPATION Give kind of work done during most of working life. (Do not use retired) Housewife (wife)
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country) R.D. #4 Salisbury Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME. Asbury Nibett
14. MOTHER'S MAIDEN NAME Hannah Parker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS Mr Preston Smith (Son) R.F.D. #4 Salisbury Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
DUE TO (b)
DUE TO (c) Hypertensive Vascular Disease — unknown

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-29, 1952, to 11-3, 1952; that I last saw the deceased alive on 11-2, 1952, and that death occurred at 11:50 AM, from the causes and on the date stated above.
SIGNATURE (Degree or Title) William R. Ellis Jr. M.D. ADDRESS Salisbury, Md. DATE SIGNED 11-2-52

23 BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov. 4-52 NAME OF CEMETERY OR CREMATORY Parsons Cem LOCATION (City, town or county) Salisbury (State) Md
DATE REC'D BY LOCAL REGISTRAR 11-4 52 REGISTRAR'S SIGNATURE Mary W. Holloway
24 FUNERAL DIRECTOR Walter R. Dellinger & Son ADDRESS Salisbury Md

VS-A5 T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 322

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1 PLACE OF DEATH.
COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 W. Vine St.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 216 W. Vine St.

3 NAME OF DECEASED: (Type or Print) (First) John (Middle) James (Last) Smullen

4 DATE OF DEATH. (Month) Nov (Day) 26 (Year) 1952

5 SEX Male

6 COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8 DATE OF BIRTH: Apr. 24, 1897

9. AGE last birthday IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours, Min. 55 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country). Maryland

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Dewitt Smullen

14 MOTHER'S MAIDEN NAME: Rose Twigg

15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk) Yes (If Yes, give war or dates of service) W.W.I

16. SOCIAL SECURITY No. 220-32-0208

17. INFORMANT & ADDRESS J. James Smullen, Jr.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Coronary Disease — Interval Between Onset And Death several hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION. 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21 ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26, 1952, to 11/26 1952, that I last saw the deceased alive on 11/26, 1952, and that death occurred at , from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas. F. Fooks, M.D. ADDRESS 300 N. Division St. Salisbury, Md. DATE SIGNED 11/28/52

23 BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11/29/52 NAME OF CEMETERY OR CREMATORY Parsons Cemetery LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 11-29-52 Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS The Hey & Johnson Co. by Geo. C. Hey II

VS. A15

PLEASE

DEC 5 1951
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lee Roy (Middle) E. (Last) STAGG
4. DATE OF DEATH: (Month) November (Day) 11 (Year) 1952
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jul 7 1878
9. AGE last birthday: 74/9/4 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Accomack Co Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Montgomery Stagg
14. MOTHER'S MAIDEN NAME: Lucy Pilott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT'S ADDRESS: Mrs Sala N. Stagg, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: unknown
DUE TO
Antecedent cause(s) (Diseases or conditions, if any, giving rise to the above cause stating underlying cause last): (b) Generalized Arteriosclerosis — "
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION. 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5, 1952, to 11-11, 1952 that I last saw the deceased alive on 11-11, 1952, and that death occurred at 3:25 P. m., from the causes and on the date stated above.
SIGNATURE: William R. Ellis, Jr. (DEGREE OR TITLE) M.D. ADDRESS Salisbury, Md. DATE SIGNED 11-12

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Nov. 13/52 — NAME OF CEMETERY OR CREMATORY: Bates Methodist — LOCATION (City, town or county): Snow Hill, (State) Md
DATE REC'D BY LOCAL REG. 11-13-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Elmer E. Dennis, Snow Hill, Md — ADDR. No.

VS. 15 8-51

NOV 17 1[illegible]

[illegible] V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 532

MARGEN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Wicomico — STATE MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) 1 yr

HOSPITAL OR INSTITUTION OR STREET ADDRESS 308 Church

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury

STREET ADDRESS (If rural, give location) 308 E Church Salisbury Md

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
CHARLES ROBERT STOUT	Nov 18 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS Hours / Min.
Male	Colored	Married	Oct 23 1906	46 yrs. / 28

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook	Lone Restaurant	Riverton N. J.	U.S.A.

13. FATHER'S NAME: James Stout

14. MOTHER'S MAIDEN NAME: Bertha Lone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
No	146-[illegible]-2370	Goldie Stout 308 E Church St Salisbury Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cirrhosis Hepatic	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8 ..., 1952, to 11-18 ..., 1952, that I last saw the deceased alive on 11-18 ..., 1952, and that death occurred at 2 A ...m., from the causes and on the date stated above.

SIGNATURE: Chas L. Browne M.D. — DEGREE OR TITLE — ADDRESS: Salisbury - Wi - Md — DATE SIGNED: 11-19-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 23 1952	Green Acre	Salisbury, Md.

DATE REC'D BY LOCAL REG. 11-20-52 — REGISTRAR'S SIGNATURE: Mary M. Holloway

24. FUNERAL DIRECTOR: Lewis R. Wilson — ADDRESS: Princess Anne, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron; LENGTH OF STAY (In this place) Life Time; HOSPITAL OR INSTITUTION OR STREET ADDRESS Lillian St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron; STREET ADDRESS (If rural, give location) Lillian St.

3. NAME OF DECEASED (Type or Print): (First) BENJAMIN (Middle) 7 (Last) TAYLOR

4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct. 17, 1862

9. AGE last birthday: 90 yrs; If under 1 year: Months 7, Days 2; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Hebron, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Westley Taylor

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Irma Lowe – Hebron, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

22. X

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 12th, 1952 to Nov. 15th, 1952, that I last saw the deceased alive on Nov. 14th, 1952, and that death occurred at 2:45 P m., from the causes and on the date stated above.

SIGNATURE: Al Alexander Ewell (Degree or title) MD ADDRESS Hebron, Md. DATE SIGNED Nov 20-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11/22/52

NAME OF CEMETERY OR CREMATORY: Hebron Cemetery

LOCATION (City, town, or county) (State): Hebron Md.

DATE REC'D BY LOCAL REG.: 11/22/52

REGISTRAR'S SIGNATURE: Mary Fallaw

24. FUNERAL DIRECTOR: D. Tyndall ADDRESS: Bivalve, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Carrie (Middle) (Last) Tilghman

4. DATE OF DEATH (Month) November (Day) 5th (Year) 1952

5. SEX Female | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 1-18-1915 | 9. AGE last birthday: 37 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer | 10b. KIND OF BUSINESS OR INDUSTRY: Chicken factory | 11. BIRTHPLACE (State or foreign country) Princess Anne, Md. | 12. CITIZEN OF WHAT COUNTRY? Somerset U.S.A.

13. FATHER'S NAME Wilson Tilghman | 14. MOTHER'S MAIDEN NAME Henrietta Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No. 166-12-9452 | 17. INFORMANT & ADDRESS Edgar Tilghman Princess Anne Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death: 2 wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Arteriolar Nephrosclerosis — 1 yr
(c) Hypertensive Cardio-vascular dis. 5 yrs.

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION 24 Oct 52 | 19b. MAJOR FINDINGS OF OPERATION (1) Fibromyoma uteri (2) Left Tubo-ovarian abs. | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Oct, 1952 to 5 Nov, 1952 that I last saw the deceased alive on 3 Nov, 1952 and that death occurred at 9:31 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul Wroth M.D. | ADDRESS Peninsula General Hosp | DATE SIGNED 5 Nov 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11-9-52 | NAME OF CEMETERY OR CREMATORY John Wesley | LOCATION (City, town, or county) Princess Anne, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 11-7-52 | REGISTRAR'S SIGNATURE Maryell Holloway

24. FUNERAL DIRECTOR William A. Fitzgerald | ADDRESS Princess Anne, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

13055

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopsville, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Alexander (Last) Warfield
4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Nov. 7 1879
9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Chicken own farm
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joshua D. Warfield
14. MOTHER'S MAIDEN NAME: Elizabeth Polk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Virgel Keon Bishopville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Myocardial Infarction — Unknown

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Generalized Arteriosclerosis — 11

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-6, 1952 to 11-11, 1952, that I last saw the deceased alive on 11-11, 1952 and that death occurred at 3:05 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Wilton R. Ellis, Jr. M.D. Salisbury Md 11-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 11-13-52 — NAME OF CEMETERY OR CREMATORY McKendree Church Yard — LOCATION (City, town, or county) (State) Cooksville Md.

DATE REC'D BY LOCAL REG. 11-12-52 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR ADDRESS Tilden Whaley Delmar, Del.

VS-A15 8-51

RECEIVED
NOV 14 1952
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13056

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
Lennie Webster	November 16 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White		June 29 1876	76 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Funeral Director	Undertaker	Deal Island, Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jack Webster	Anna Horner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Leroy Webster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332 X

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral arteriosclerosis — unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 11-16, 19 52, and that death occurred at 3:50 p.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
William R. Ellis Jr.	MD	Salisbury, Md.	11-16-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/19/52	St John M.E. Cemetery	Deal Island.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-18-52	Mary W. Holloway	James Tilghman Funeral Home	Princess Anne, Md.

RECEIVED
NOV 20 1952
BUREAU V. S.